



Request for an Accounting of Disclosures

Last Name:		First:		M.I.:
Other Name(s) Used:			Date of Birth:	
Social Security #:	Phone #:		Fax #:	
Address:	City:		State:	Zip:

I request that Spokane Regional Health District (SRHD) provide me with an accounting of the disclosures of my protected health information made by SRHD for the following time period:

_____ to _____ (No more than six (6) years prior to the date of request)

I understand that SRHD is not required to tell me about disclosures made:

- To carry out treatment, payment and health care operations
- To me or authorized by me
- To persons involved in my care or for other notification purposes
- For national security or intelligence purposes
- To correctional institutions or law enforcement officials with lawful custody of me
- As part of a limited data set
- More than six (6) years prior to the date of the request

I understand that my right to an accounting of some or all disclosures may be suspended by law enforcement or government officials under limited circumstances.

I understand that I am entitled to an accounting free of charge every 12 months, and that I may be charged if I request any additional accountings within the same 12 months. I understand that I will be notified of the cost involved and will have the opportunity at that time to withdraw or modify my request before any costs are incurred.

Client signature (Parent or Legal Representative, if applicable)

Date

Print Name

Relationship/Authority

**Attach legal documentation if you are the legal guardian or have medical power of attorney*

Internal Use Only:					
Date received:			Received by:		
Date forwarded:		Request forwarded to:		Division:	
<input type="checkbox"/> Response deadline has been extended. Disclosure must be completed by the following date: (no later than 90 days after date request was received)					
<input type="checkbox"/> The disclosure was provided free of charge on: _____					
<input type="checkbox"/> The disclosure will cost: \$ _____		and the client was notified on: _____			
<input type="checkbox"/> The client agreed to pay the cost and the accounting was provided on: _____					
<input type="checkbox"/> The client refused to pay the cost and no accounting was provided.					

